



**IOWA
DEPARTMENT OF NATURAL RESOURCES**

UNDERGROUND STORAGE TANK LICENSING

**INDIVIDUAL APPLICATION
2009**

"CASHIER USE ONLY"

SECTION 1

APPLICATION TYPE:

- ☐ **Installer - \$35** (must have at least two years installation experience)
- ☐ **Installation Inspector - \$50** (must have at least one year installation/inspection experience)
- ☐ **Tester - \$35** (must have at least one year of testing experience)
- ☐ **Liner - \$35** (must have at least one year of lining experience)
- ☐ **Compliance Inspector - \$150** (must first be an Iowa-licensed Installer or Installation Inspector)

A non-refundable check or money order payable to the Department of Natural Resources must accompany each application.

Total Amount of Check/Money Order (attached): \$ _____

SECTION 2

APPLICANT INFORMATION:

Applicant Name: _____	Individual's ID# (issued by DNR): _____
Home Mailing Address: _____ City: _____ State: _____ Zip: _____	Company Name: _____
Daytime Telephone Number: (_____) _____	Company Mailing Address: _____ City: _____ State: _____ Zip: _____
Social Security Number*: _____	Company Telephone: (_____) _____ F A X: (_____) _____
Company Contact: _____	
E-Mail Address: _____	

(Please Print Clearly)

SECTION 3

EMPLOYER INFORMATION (unless Sole Proprietor):

*The Iowa Department of Natural Resources is required to collect social security numbers from all persons obtaining an occupational license under section 252J.8 of the Code of Iowa and 42 U.S. Code 666(a)(13). Your social security number will serve as your principal identification number to determine your eligibility for licenses. It will be provided to law enforcement agencies and the Iowa Child Support Collection Unit to establish, modify and enforce child support obligations. It WILL NOT appear on your license certificate.

SECTION 4

Is this application in response to a previous denial of certification under 567--Chapter 134 of the Iowa Administrative Rules? ☐ Yes ☐ No If yes, explain:

Have you ever received a notice of violation, been under suspension, been part of a consent order and agreement, or been issued an Administrative Order? ☐ Yes ☐ No If yes, explain:

SECTION 5

SEND CORRESPONDENCE TO: Applicant Address ☐ Employer Address ☐
NOTE: Only one address can be used for mailing.

SECTION 6**EXAMINATION:**

Petroleum Marketers Management Insurance Company (PMMIC)
465 Alice's Road, Suite H, Waukee, Iowa 50263
Phone: (515) 987-0061
Fax: (515) 987-0067

SECTION 7

List other professional registrations or licenses you currently hold that relate to underground storage tanks (i.e., engineer, plumber, electrician, etc.) Please include out-of-state licenses.

Type of License	License #	Issuing Agency or Company	State	Date Expires

Have any of the above registrations, certifications, licenses ever been suspended or revoked?
☐ Yes ☐ No If yes, explain:

List any training seminars, schools or courses that you have attended within the last three (3) years concerning UST installations, testing, lining, inspecting:

Title	Presented By	Date(s)

List the UST system manufacturers by whom you have been certified or approved and hold current certification (i.e., Modern Welding, Veeder Root, Xerxes, Pisces-OPW, Environ, etc.) and the equipment for which you have been certified **(Please attach certificate or approval notice for each):**

Manufacturer/Company	Equipment	Certification Date(s)

What type of work do you currently perform (for example, installer, tester, liner, inspector)?

How many years have you performed this work?

How many years have you worked in the petroleum equipment industry?

Who is your supervisor, and how might he/she be contacted (phone, e-mail, etc.)?

SECTION 8

Companies or individuals must maintain a minimum of \$250,000 environmental liability insurance for any licensed work completed. Do you as an individual have Pollution Liability Insurance in effect? ☐ Yes ☐ No

Name of insurer:

Does your employer provide Pollution Liability Insurance for you? ☐ Yes ☐ No

Name of insurer:

Please enclose a copy of the environmental liability insurance certificate with this application

SECTION 9

Have you met the experience requirements and passed the exam? ☐ Yes ☐ No

I haven't yet completed the exam, but would like to schedule the exam with the Iowa DNR. ☐

I haven't yet completed the exam, but would like to schedule the exam with PMMIC. ☐

Please enclose a certificate of successful completion (if not completed through the DNR)

SECTION 10

A company must have at least one licensed employee in order to maintain an Iowa UST company license. The inspector license is an individual license. The licensing applications for individual and company will be sent following notification of a passing grade on the exam. Following the successful completion of the exam, receipt of fees and supporting documentation, and final approval by the DNR, you will be mailed your certificate.

SECTION 11

This section must be completed by the applicant and notarized.

I hereby certify that the statements made in this application and all attached documents are true and accurate to the best of my knowledge. I understand that any statement made by me that is not accurate may serve as grounds to invalidate any certificate.

Signature of the Applicant (In Ink)

_____/_____/_____
Date

AFFIDAVIT:

STATE _____

COUNTY OF _____

Sworn To and Subscribed Before Me This

_____ Day of _____, 20____

My Commission Expires: _____

Notary Public

The Department reserves the right to request additional information necessary to determine whether the issuance of a certification conforms to 567--Iowa Administrative Code Chapter 134.

Retain a copy of the application and all attachments for your records, and send the application materials to:

**Iowa Department of Natural Resources
Underground Storage Tank Section
Wallace State Office Building
502 E Ninth Street
Des Moines, IA 50319-0034**

515/281-8779 or 515/281-8879

(Q:/R-I/IndividualApp)